

ALCOHOL COMPLIANCE CHECK REPORT FORM

Sales to persons under 21 years of age

Department of Revenue

Officer Name: _____ Badge #: _____ Contact Phone #: _____

Agency Name: _____ Agency Address: _____

The proper MCA code to use for sales to persons under 21 years of age violations is **16-3-301(4)(a)**

+ + + + + PLEASE ATTACH A COPY OF EACH CITATION + + + + +

DATE	TIME	REPORT #	ESTABLISHMENT and ADDRESS	PASS	FAIL	PERSON CITED

Please list all other law enforcement personnel who participated in the field operations of the compliance check.

Officer Name: _____ Agency: _____ Contact Phone #: _____

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Please mail form and citations to DOR, Attn: Education Unit, P.O. Box 1712, Helena, MT 59624 or scan form and citations and e-mail to LiScates@mt.gov